



YOUTH SERVICES
DEPARTMENT OF CORRECTIONS

STEVE GIBSON, DIVISION ADMINISTRATOR

STATE OF MONTANA

[Insert RAOs Address]
TELEPHONE: (406) [insert phone #]
FAX: (406) [insert fax #]
[insert RAOs email address]

[Insert RAOs Name]

IMPORTANT - SECOND & FINAL NOTICE

[DATE]

[NAME]
[ADDRESS]
[CITY/STATE/ZIP]

RE: [YOUTH]

Dear [Mr / Mrs / Ms]:

On [DATE], I sent you a letter requesting that a *Financial Affidavit for Cost-of-Care Contributions* and other financial information be submitted to the Department of Corrections. To date we have not received the requested information.

If the requested information is not returned by [DATE], I will use standard guidelines to determine your financial responsibility for your child who has been committed to the Department of Corrections/Youth Court.

You may return the *Financial Affidavit for Cost-of-Care Contributions* by dropping it by our office [insert address] or mailing it to the address indicated above. If you have any questions or are having problems gathering the necessary information, please contact me.

Sincerely,

[NAME]
Regional Administrative Officer